

**SUICIDE PREVENTION**

**Staff Development**

Suicide prevention training shall be provided annually to teachers, counselors, and other district employees who interact with students at the secondary level. The training will be offered under the direction of a district counselor/psychologist and/or in cooperation with one or more community mental health agency.

*(cf. 4131/4231/4331 - Staff Development)*

Materials for training shall include how to identify appropriate mental health services at the school site and within the community, and when and how to refer youth and their families to those services. Materials may also include programs that can be completed through self-review of suitable suicide prevention materials. (Education Code 215)

Staff development shall include research and information related to the following topics:

1. The higher risk of suicide among certain groups, including, but not limited to, students who are bereaved by suicide; students with disabilities, mental illness, or substance use disorders; students who are experiencing homelessness or who are in out-of-home settings such as foster care; and students who are lesbian, gay, bisexual, transgender, or questioning youth
2. Individual risk factors such as previous suicide attempt(s) or self-harm, history of depression or mental illness, feelings of isolation, interpersonal conflicts, a recent severe stressor or loss, family instability, impulsivity, and other factors

*(cf. 5131.6 - Alcohol and Other Drugs)*

3. Warning signs that may indicate depression, emotional distress, or suicidal intentions, such as changes in students' personality or behavior and verbalizations of hopelessness or suicidal intent
4. Protective factors that may help to decrease a person's suicide risk, such as resiliency, problem-solving ability, access to mental health care, and positive connections to family, peers, school, and community
5. Instructional strategies for teaching the suicide prevention curriculum and promoting mental and emotional health
6. School and community resources and services, including resources and services that meet the specific needs of high-risk groups

*(cf. 6164.2 - Guidance Services)*

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7. District procedures for intervening when a student attempts, threatens or discloses the desire to die by suicide.

**Instruction**

The district's comprehensive health education program shall promote the healthy mental, emotional, and social development of students and shall be aligned with the state content standards and curriculum framework. Suicide prevention instruction shall be incorporated into the health education curriculum at appropriate secondary grades and shall be designed to help students:

1. Identify and analyze signs of depression and self-destructive behaviors and understand how feelings of depression, loss, isolation, inadequacy, and anxiety can lead to thoughts of suicide
2. Develop coping and resiliency skills and self-esteem
3. Learn to listen, be honest, share feelings, and get help when communicating with friends who show signs of suicidal intent
4. Identify trusted adults, school resources, and/or community crisis intervention resources where youth can get help and recognize that there is no stigma associated with seeking services for mental health, substance abuse, and/or suicide prevention.

*(cf. 1020 - Youth Services)*  
*(cf. 5131.6 - Alcohol and Other Drugs)*  
*(cf. 6142.8 - Comprehensive Health Education)*  
*(cf. 6164.2 - Guidance Services)*

**Intervention**

Students shall be encouraged to notify a teacher, principal, counselor, or other adult when they are experiencing thoughts of suicide or when they suspect or have knowledge of another student's suicidal intentions.

Every statement regarding suicidal intent shall be taken seriously. Whenever a staff member suspects or has knowledge of a student's suicidal intentions based on the student's verbalizations, writings, or act of self-harm, he/she shall promptly notify the site **Primary Point of Contact**.

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Two staff members shall be designated as the **primary and secondary point of contact** regarding potential suicidal intentions. Whenever a staff member suspects or has knowledge of a student's suicidal intentions they shall promptly notify the primary designated point of contact. If this primary contact person is unavailable, the staff shall promptly notify the secondary point of contact. These contact persons shall notify the principal, another school administrator, school psychologist or school counselor. The names, titles, and contact information of multi-disciplinary crisis team members shall be made available on school and district websites. When a suicide attempt or threat is reported:

1. Immediately secure medical treatment and/or mental health services as necessary as determined by a risk assessment
2. Notify law enforcement and/or other emergency assistance if a suicidal act is being actively threatened
3. Keep the student under continuous adult supervision until the parent/guardian and/or appropriate support agent or agency can be contacted and has the opportunity to intervene
4. Remove other students from the immediate area as soon as possible.

The principal, another school administrator, mental health staff member, or nurse shall then notify, if appropriate and in the best interest of the student, the student's parents/guardians as soon as possible and may refer the student to mental health resources in the school or community.

The Superintendent or designee shall establish crisis intervention procedures to ensure student safety and appropriate communications if a suicide occurs or an attempt is made by a student or adult on campus or at a school-sponsored activity. A referral process should be prominently disseminated to all staff members, so they know how to respond to a crisis and be knowledgeable of the school and community-based resources.

Although any personal information that a student discloses to a school counselor shall generally not be revealed, released, referenced, or discussed with third parties, the counselor may report to the principal or student's parents/guardians when he/she has reasonable cause to believe that disclosure is necessary to avert a clear and present danger to the health, safety, or welfare of the student. In addition, the counselor may disclose information of a personal nature to psychotherapists, other health care providers, or the school nurse for the sole purpose of referring the student for treatment. (Education Code 49602)

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A school employee shall act only within the authorization and scope of his/her credential or license. An employee is not authorized to diagnose or treat mental illness unless he/she is specifically licensed and employed to do so. (Education Code 215)

The site administrator or designee shall document the incident in writing, including the steps that the school took in response to the suicide attempt or threat.

*(cf. 5125 - Student Records)*

The site administrator or designee shall follow up with the parent/guardian and student in a timely manner to provide referrals to appropriate services as needed. If the parent/guardian does not access treatment for the student, the site administrator or designee may meet with the parent/guardian to identify barriers to treatment and assist the family in providing follow-up care for the student. If follow-up care is still not provided, the site administrator or designee shall consider whether he/she is required, pursuant to laws for mandated reporters of child neglect, to refer the matter to the local child protective services agency.

*(cf. 5141.4 - Child Abuse Prevention and Reporting)*

For any student returning to school after a mental health crisis, the site administrator or designee and/or school counselor may meet with the parents/guardians and, if appropriate, with the student to discuss re-entry and appropriate next steps to ensure the student's readiness for return to school.

**Postvention**

In the event that a student dies by suicide, the Superintendent or designee shall communicate with the student's parents/guardians to offer condolences, assistance, and resources. In accordance with the laws governing confidentiality of student record information, the Superintendent or designee shall consult with the parents/guardians regarding facts that may be divulged to other students, parents/guardians, and staff.

The Superintendent or designee shall implement procedures to address students' and staff's grief and to minimize the risk of imitative suicide or suicide contagion. He/she shall provide students, parents/guardians, and staff with information, counseling, and/or referrals to community agencies as needed. School staff may receive assistance from school counselors or other mental health professionals in determining how best to discuss the suicide or attempted suicide with students.

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Any response to media inquiries shall be handled by the district-designated spokesperson who shall not divulge confidential information. The district's response shall not sensationalize suicide and shall focus on the district's postvention plan and available resources.

*(cf. 1112- Media Relations)*

After any suicide or attempted suicide by a student, the Superintendent or designee shall provide an opportunity for all staff who responded to the incident to debrief, evaluate the effectiveness of the strategies used, and make recommendations for future actions.

**Memorials**

Memorials or dedications to a student who has died by suicide should not glamorize or romanticize either the student or the death. If students initiate a memorial, the administrator/designee shall offer guidelines for meaningful, safe approach to acknowledge the loss. Some considerations for memorials include:

1. Memorials should not be disruptive to the daily school routine.
2. Monitor memorials for content.
3. Placement of memorials shall be time limited. They may be kept in place until the services, after which the memorial items may be offered to the family.
4. In allowing for memorials, be sensitive to the impact of acknowledging the death of one student may affect future acknowledgements and memorials.